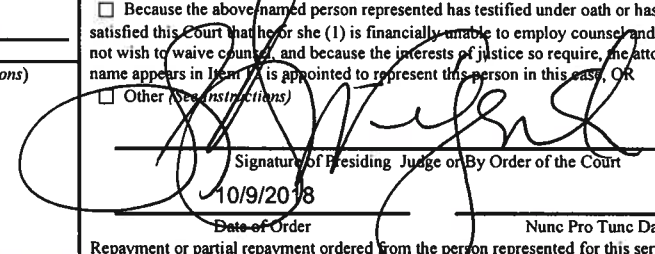


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|---|--|--|--|---|----------------------------|
| 1. CIR./DIST./ DIV. CODE | | 2. PERSON REPRESENTED REINALDO RODRIGUEZ | | VOUCHER NUMBER | |
| 3. MAG. DKT./DEF. NUMBER | | 4. DIST. DKT./DEF. NUMBER 2:18-CR-142 | | 5. APPEALS DKT./DEF. NUMBER | |
| 7. IN CASE/MATTER OF (Case Name) USA V. Reinaldo Rodriguez | | 8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal | | 9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other | |
| 10. REPRESENTATION TYPE (See Instructions) CC | | | | | |
| 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> 21:846 Conspiracy to Distribute Heroin: 18:922(g)(1) Felon in Possession of a Firearm | | | | | |
| 12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS John P. McGovern, Esq. 45 Bleeker Street Newark, NJ 07102 Telephone Number : (973) 313-1500 | | | 13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input checked="" type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: Elizabeth H. Smith Appointment Dates: 8/30/2017-10/9/2018 <input type="checkbox"/> Because the above named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (specify instructions)  Signature of Presiding Judge or By Order of the Court 10/9/2018 Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| 14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) | | | | | |
| CLAIM FOR SERVICES AND EXPENSES | | | | | |
| CATEGORIES (Attach itemization of services with dates) | | HOURS CLAIMED | TOTAL AMOUNT CLAIMED | MATH/TECH. ADJUSTED HOURS | MATH/TECH. ADJUSTED AMOUNT |
| In Court | 15. a. Arraignment and/or Plea | | 0.00 | | 0.00 |
| | b. Bail and Detention Hearings | | 0.00 | | 0.00 |
| | c. Motion Hearings | | 0.00 | | 0.00 |
| | d. Trial | | 0.00 | | 0.00 |
| | e. Sentencing Hearings | | 0.00 | | 0.00 |
| | f. Revocation Hearings | | 0.00 | | 0.00 |
| | g. Appeals Court | | 0.00 | | 0.00 |
| | h. Other (Specify on additional sheets) | | 0.00 | | 0.00 |
| (RATE PER HOUR = \$) TOTALS: | | 0.00 | 0.00 | 0.00 | 0.00 |
| Out of Court | 16. a. Interviews and Conferences | | 0.00 | | 0.00 |
| | b. Obtaining and reviewing records | | 0.00 | | 0.00 |
| | c. Legal research and brief writing | | 0.00 | | 0.00 |
| | d. Travel time | | 0.00 | | 0.00 |
| | e. Investigative and other work (Specify on additional sheets) | | 0.00 | | 0.00 |
| (RATE PER HOUR = \$) TOTALS: | | 0.00 | 0.00 | 0.00 | 0.00 |
| 17. Travel Expenses (lodging, parking, meals, mileage, etc.) | | | | | |
| 18. Other Expenses (other than expert, transcripts, etc.) | | | | | |
| GRAND TOTALS (CLAIMED AND ADJUSTED): | | | 0.00 | | 0.00 |
| 19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____ | | | 20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION | | 21. CASE DISPOSITION |
| 22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney _____ Date _____ | | | | | |
| APPROVED FOR PAYMENT — COURT USE ONLY | | | | | |
| 23. IN COURT COMP. | 24. OUT OF COURT COMP. | 25. TRAVEL EXPENSES | 26. OTHER EXPENSES | 27. TOTAL AMT. APPR./CERT. \$0.00 | |
| 28. SIGNATURE OF THE PRESIDING JUDGE | | | DATE | 28a. JUDGE CODE | |
| 29. IN COURT COMP. | 30. OUT OF COURT COMP. | 31. TRAVEL EXPENSES | 32. OTHER EXPENSES | 33. TOTAL AMT. APPROVED \$0.00 | |
| 34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) <i>Payment approved in excess of the statutory threshold amount.</i> | | | DATE | 34a. JUDGE CODE | |